TO ORDER <u>INDIVIDUAL</u> COMPONENTS - USE REVERSE SIDE CLINICAL SPECIMEN SHIPPING UNITS REQUISITION

Fax/Mail/E-mail Orders to: Michigan Department of Community Health Laboratory Support Unit 927 Terminal Road Lansing MI 48906

FAX 517-335-9039 **PHONE** 517-335–9867 **WEB** http://www.michigan.gov/mdchlab

	Phone:	
	Attention:	
Unit Number	Type of Laboratory Service	Circle Number of Complete <u>Tests</u> Desired
One	Enteric Bacterial Infections	25 50 Other
Two	Chlamydia & Gonorrhea - Amplified Test Please Specify: ? Swabs - Female or ? Swabs - Male	100 200 300 400 Other
Two - U	Chlamydia & Gonorrhea - Amplified Test -Urine Specimens - must be pre-approved EPIC#	25 50 75 100
Three	Viral Load Testing for HIV - 1 For submission from HIV-1 positive patients enrolled in MDCH approved programs only.	1 2
Four	Oral Fluid Specimen Test System for HIV-1 Mailing Components only.	10 50 100 200
Five	Enteric Viral Infections - Special Request Only Contact laboratory at 517-335-8067.	Special Request Only
Six	Parasitic Infections	10 20 30 40
Seven	Blood Lead Sampling Please Specify Tube Type ? Capillary ? Venous	50 100 150 200
Seven "A"	Environmental Lead Sampling Indicate quantity of test requisitions desired (DCH-0558 – Revised 04/04) >>>>>	1 5 10 50 Other
Eight	Bacterial, Fungal and Viral Serology (For HIV Serology – Order Unit 49)	25 50 100 Other
Ten	Syphilis by Darkfield Fluorescent exam for Treponema pallidum.	1 2
Eleven	Legionella Urinary Antigen, EIA For submission of urine specimens for EIA	1 2 5
Twelve	Tuberculosis and Fungal Diagnosis Specimens For submission of clinical specimens for microscopy and culture.	25 50 100 Other
Thirteen	CD4/CD8 & Viral Load Testing for HIV-1 For submission from HIV-1 positive patients enrolled in MDCH approved programs.	1 2 5
Fourteen	PBB, PCB, Pesticide Testing For submission of serum & breast milk specimens for analysis. Contact Laboratory @ 517-335-9490	Special Request Only
Fifteen	Bordetella pertussis - Culture, Isolation, & PCR	1 2 5
Seventeen	Mercury Analysis - Contact laboratory at 517-335-9490.	Special Request Only
Eighteen	West Nile Virus - For submission of specimens for evaluation @ MSU - Diagnostic Center for Population and Animal H ealth	1 2 4
Nineteen	HIV Genotyping For submission from HIV-1 positive patients enrolled in MDCH approved programs.	1 2 5
Twenty	Vaccinia/Variola/Pox Virus Contact laboratory at 517-335-8067	Special Request Only
Twenty- One	Lyme Disease – Culture Contact laboratory at 517-335-8067	Special Request Only
Forty-Two	Bacterial and Fungal Cultures For submission of pure cultures for identification.	1 2 5
Forty-Four	Chlamydia Culture and Isolation For submission of specimens for diagnosis of genital, neonatal infections, pneumonia.	1 2 Other_ (One Month Expiration - Order Accordingly)
Forty-Five	Viral Disease Examination and Culture For submission of miscellaneous specimens for Viral Isolation	1 2 Other_ (One Month Expiration - Order Accordingly)
Forty-Six	Food Borne Illness - For submission of food, stool and vomitus. Norovirus (Norwalk like) - by special request. Contact lab at 517-335-8067	Available to Health Officers Only
Forty- Seven	Rabies Examinations - For submission of animal heads for detection of rabies. ? Check here for 3 gallon pails	1 2 4
Forty- Nine	HIV Serology - For submission of serum for HIV Antibody testing to; ? Detroit City HD ? Kent County HD	50 100 Other
Fifty	HIV Serology - For submission of dried Blood Spots for HIV Antibody testing.	50 100 Other
Fifty-One	HIV Direct Detection - Special Request Only Contact laboratory at 517-335-8067.	Special Request Only

DCH-0568 August 2004 By Authority of Act 368, P.A. 1978

TO ORDER COMPLETE UNITS - USE REVERSE SIDE

CLINICAL SPECIMEN SHIPPING UNITS REQUISITION

Fax/Mail/E-mail to: Michigan Department of Community Health Laboratory Support Unit 927 Terminal Road Lansing MI 48906

FAX 517-335-9039 **PHONE** 517-335-9867 **WEB** http://www.michigan.gov/mdchlab

Component proper size	s - If " Unit Number " is blank, write in the Unit Number you will and type of component will be sent. MDCH cannot ship compone		that the ete.
Component#	Nomenclature	Unit Number (Refer to Front of This Form)	Quantity
3	Bag, Plastic		
5	Container, Mailing – Styrofoam w/w/o Sleeve or Cardboard/Aluminum Tube		
7	Cup, Specimen, Plastic, Sterile		
9	Envelope, Return Mailing - Lansing Address	Fifty	
11	Holder, Microscope Slide, Two Place	Ten	
13	Instructions, Specimen Submission – Specify >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		
15	Label, Return Shipping? Lansing? Kent? Detroit? Saginaw? Kalamazoo? Other – Specify>>>>>		
17	Medium, Transport ? Chlamydia Culture ? Enteric Culture ? Parasitic ? Viral Culture ? B. pertussis ? Other – Specify >>>>>		
19	Pail, with lid – Specify: ? One Gallon ? Three Gallon	Eighteen/Forty-Seven	
21	Pipette, Transfer, Sterile - 7.0 mL	Forty-Six	
23	Refrigerant (Ice Substitute)	Three, Nine, Thirteen, Seventeen, Eighteen, Forty-Four, Forty-Five, Forty-Six & Forty-Seven	
25	Requisition, Test 9Microbiology/Virology ? Regional Laboratories ? Other-Specify>>>		
27	Pipette, Transfer	Forty-Six	
29	Sleeve, Mailing	Two/Fifteen	
31	Slide, Microscope	Ten	
33	Spatula, Sterile	Forty-Six	
	Strip, Adsorbent	1 7 7	

Two/Eighteen/Forty-Two/Forty-Seven

Fifteen

Two

Twenty/Forty-Four/Forty-Five

Seven and Fifty-One

Seventeen

Seventeen

Unit Two U

Five/Eleven/T welve/Forty-Five/Forty-Six

Miscellaneous Requests:

35

37

39

41

43

45

47

49

51

53

55

57

Swab, for Bordetella pertussis isolation & PCR

Tube, Centrifuge, 15 mL, w/DNA - RNA Protect

Swab, Dacron, Plastic Shaft

Tube, Centrifuge, 15 mL

Tube, Centrifuge, 2 mL, Sterile

Tube, Centrifuge, 50 mL, Sterile

Tube, Venous Blood Sampling, 10.0 mL

Swab, for Amplified Test - Chlamydia & Gonorrhea ? Female ? Male

Tube, Venous Blood Sampling, EDTA ? 2.0 mL ? 5.0 mL ? 6.0 mL ? 7.0 mL

Tube, Capillary Blood Sampling, EDTA, 200FL, Bags of Fifty

Tube, Serum, ? 3.0 mL, ? 5.0 mL non-sterile - with caps

Send To (No PO Boxes)

DCH-0568 (Reverse) August 2004 By Authority of Act 368, P.A. 1978